

REQUEST TO ADMINISTER MEDICATION Inhaler Permission Form

TO BE COMPLETED BY THE PARENT/GUARDIAN AND PHYSICIAN

FOR COMPLETION BY PARENT/GUARDIAN

Last Name _____ First Name _____ Date of Birth / /
Address _____ Phone Number () _____
City _____ State _____ Zip _____

The parent or guardian agrees to indemnify, defend, and hold harmless for any and all claims, actions, costs, expenses, damages and liabilities, including attorney fees, arising out of, connected with, or resulting from the self-administration of medication by the participant.

The parent or guardian agrees Ridge Youth Sports, Inc., its employees, agents, coaches and volunteers shall incur no liability as a result of any injury arising out of or connected with the self-administration by the participant.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the participant is provided permission to use medication or self-administer medication. This agreement must be renewed for each subsequent sports season. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

Parent Signature _____ Date _____

FOR COMPLETION BY PHYSICIAN

Physician Name _____

Diagnosis _____ Medication _____

To be used for the following signs and symptoms _____

Dosage _____ Route _____ Frequency _____

Does this child have any restrictions on activity? _____

I have instructed this child in the proper administration of this medication and I certify that he/she is capable of self-administering. Yes No

Physician Signature _____ Date _____ (Physician Stamp)

Parent Signature _____ Date _____
